



The City of Belen Parks and Recreation Department



YOUTH BASKETBALL

2<sup>nd</sup> - 8<sup>th</sup> grade

**Participant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

T-Shirt Size: Y Medium \_\_\_\_\_ Y Large \_\_\_\_\_ A Small \_\_\_\_\_ A Medium \_\_\_\_\_ A Large \_\_\_\_\_ A XL \_\_\_\_\_

Please list all Child's Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

**Emergency Contact (other than parent)**

Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Parents' Code of Conduct**

I understand that sportsmanship, skill development, fun and participation are an important part of the Youth Basketball program. I agree to cooperate with league officials and coaches to achieve the purpose of this program and conduct myself in the appropriate manner. In signing this document I relieve the City of Belen Parks and Recreation Department, Belen Consolidated Schools and all of its employees and volunteers of any and all injuries and accidents that might occur while participating in this activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

PLEASE NOTE THAT **NO REFUNDS** WILL BE GIVEN.

**OFFICE USE ONLY**

Early Registration: \$40.00 first child \_\_\_\_\_ \$35.00 second child \_\_\_\_\_ \$30.00 any child after \_\_\_\_\_

Regular Registration: \$45.00 first child \_\_\_\_\_ \$40.00 second child \_\_\_\_\_ \$35.00 any child after \_\_\_\_\_

Late Registration: \$50.00 first child \_\_\_\_\_ \$45.00 second child \_\_\_\_\_ \$40.00 any child after \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Employee \_\_\_\_\_